



OFFICE USE ONLY

Accession # _____

Rec'd _____ Assigned _____

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MOLECULAR DIAGNOSTICS

OWNER INFORMATION

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
County: _____
ANIMAL NAME/ID _____
Species _____ Breed _____
Sex _____ Age _____

CLINIC INFORMATION

Referring Veterinarian: _____
Clinic Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
LICENSE NO: _____ STATE: _____
Phone: (____) _____ FAX: (____) _____
Email: _____
Results Notification: Fax Email Phone

SAMPLE TYPE EDTA-whole blood body fluid; specify type _____ other; specify _____

SERVICE(S) REQUESTED

SELECT PCR's from list below

AVAILABLE HIGH-SENSITIVITY REAL-TIME PCRs, RESULTS REPORTED WITHIN ONE WORKING DAY

Anaplasma phagocytophilum / platys
Babesia * [] / & ã
Bartonella henselae
Borrelia spp.
Canine Distemper Virus
Chlamydia spp.
Dirofilaria immitis / repens
Ehrlichia canis / chaffeensis / ewingii
Escherichia coli 0157:H7

Feline Immunodeficiency Virus
Feline Infectious Peritonitis Virus mRNA
Influenza A Virus (canine-equine / avian / human)
Hepatozoon americanum / canis
Leptospira spp. (pathogenic)
Listeria monocytogenes
Mycoplasma haemofelis / haemocanis
Pseudomonas aeruginosa
Salmonella spp.

Notes/Requests:

- DO NOT FREEZE SAMPLES, SHIP REFRIGERATED OR AT AMBIENT TEMPERATURE (COURIER SERVICE PREFERRED)
- FOR HIGHEST PCR SENSITIVITY, USE PCR SAMPLE SUBMISSION KIT FOR ALL SPECIMENS (ORDER ABOVE)
- PAYMENT – make checks payable to AU Molecular Diagnostics; enclose check or pay after invoice; credit card payments are available online: <https://aub.ie/payinvoice>